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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

MALARIA TREATED WITH INJECTIONS OF QUININE.—The *Medical Record*, quoting from the *Lancet*, says: G. W. Young reports three cases of malaria occurring in young males. In all the stomach was intractable to quinine and they were given injections of ten grains inserted deep into the gluteal muscles, after which the stomach became more tolerant and they were quickly cured. The salt used was the acid hydrochloride. One of the cases was of the tertian type and the other two quotidian.

THE AIR OF THE OPERATING ROOM AS A POSSIBLE FACTOR IN THE INFECTION OF WOUNDS.—The *New York Medical Journal*, quoting from the *American Journal of Obstetrics*, says: Robb offers the following conclusions: 1. Floor. An antiseptic in the wash water on the floor made a difference in the bacteria falling on the plates used for experiment per minute. 2. Fan. In some cases the use of a fan seemed to make perceptible difference, in other cases it did not. 3. Walls. This was found to be an important factor, colonies of bacteria being absent if the walls had been carefully scrubbed one or more days before the experiment was made. 4. People in room. This was also important, no colonies of bacteria falling on the plates on Sunday when there were no people in the room. 5. The *Bacillus pyocyaneus* was found in a room in which a patient infected with this organism had been operated upon three weeks previously. 6. In the uncared for pathological laboratory there were moulds but very few bacteria excepting bacteria coli. 7. In summer with windows open bacteria were more numerous than in winter with the windows closed.

NEURASTHENIA.—The *Medical Record*, quoting from a German contemporary, says: Jendrassik discusses this disease and concludes that it is a single definite disease, the symptoms of which may vary greatly in individual cases. There is, however, no definite symptom group characteristic of neurasthenia; it is more the combination of changing symptoms which characterizes it. The basis of neurasthenia is a hereditary increased irritability of the nervous elements of definite

portions of the brain. There is no brain weakness. On the contrary the brains of neurasthenics are more active than those of the healthy. The increased irritability causes a restlessness, even an ability for greater activity. The neurasthenic cannot be separated from the normal by any sharp line of demarcation. The mild cases border on the normal and the severe ones verge into paranoia.

CYSTOSCOPY.—Catheterization of the ureters is a comparatively new achievement, though experimenters have been at work on instruments and devices which should make it possible since 1807. The object is, of course, to get specimens of urine from each kidney separately as a means of diagnosis of kidney disease. The latest and most successful device for doing this is the cystoscope, a tube which combines a tiny electric light and either one or two catheter points; by this means the interior of the bladder is lighted and the entrance to the ureter is made sure. In using the instrument antiseptic precautions are observed. The parts are cleansed as usual and the cystoscope, which has been kept in an atmosphere of formaldehyde gas, is immersed in a strong formalin solution for thirty minutes, then washed with sterile water. With the earlier instruments pain was produced and a general anæsthetic was necessary; now local anæsthesia is used, as the perfection of the instrument has resulted in its having a smaller calibre. Those interested in studying the subject more in detail will find an article in the October number of the *Yale Medical Journal* by Dr. P. Duncan Littlejohn.

BACKWARD SCHOLARS.—The *Medical Record* in an abstract of a paper in *Gazzetta di Roma*, says: Giacinto Fornaca discusses the education of backward children in public schools. There are two classes of deficient—those who are backward because they are not regular in attendance, this being the result of physical incapacity in some line, such as deafness or poor vision, and those that are deficient mentally. Some children do not advance because they are poorly nourished, others because they are growing and developing fast and have not strength enough to study well. Those who are deficient mentally may or may not show it in their looks. Some are apathetic, others too vivacious and irritable; both classes are unable to concentrate their attention on any subject. Some of these children show a loss of memory, while others have an excellent memory for music or mathematics. These children are well pleased with themselves, having no idea that they are acting foolishly; they may be emotional, sentimental, or affection-

ate. Some show a marked overactivity and cannot refrain from slapping or pinching their fellow scholars. Important factors in the etiology of such conditions are alcohol, syphilis, tuberculosis, and toxic and infective conditions in the ancestors. This deficiency may be congenital or acquired, and epilepsy is frequent among these children, either petit or grand mal. The reflexes may be exaggerated, and there may be a spastic condition of the limbs, with spasmodic movements. As to the pathology of these conditions, sufficient examinations have not been made postmortem. The treatment of these cases involves treatment of their eye condition, hearing, removal of adenoids, etc., in the first class of cases. The treatment of the mental defectives involves special schools, in which the children can be individualized, and the same teaching gone over day after day and hour after hour, interspersed with rhythmical exercises. They should be much in the open air, under the best possible hygienic conditions, and separated from their parents for the entire year, since when they leave school and return to their homes they rapidly go back to their original state.

CURRENT LITERATURE OF INTEREST TO NURSES

Medical Record, October 2, "The First American Hospital," James J. Walsh, M.D.; October 16, "The Borstal System for the Treatment of Juvenile Criminals," Editorial; October 23, "The Use of Ethyl Chloride as a General Anæsthetic," G. Mather Sill, M.D.; October 30, "Dysentery Carriers," Editorial. *New York Medical Journal*, October 2, "Treatment of Hookworm Disease," Editorial; October 9, "Mental Hygiene," C. E. Wood, M.D.; October 16, "The Personal Side in the Treatment of Tuberculosis," Howard D. King, M.D.; October 23, "Method of Home Modification of Cow's Milk for Infant Feeding," Herman B. Sheffield, M.D.; October 30, "Treatment of Typhoid Fever," M. B. Ferstler, M.D. *Journal of the American Medical Association*, October 16, three papers on typhoid, by Drs. Dutton, Stone, and Lumsden, and the discussion following; "Practical Window Ventilation," William J. Manning, M.D.; "Diabetes," "Institutional Care of the Insane," Editorial; October 30, "The Wet Dressing in Surgery," Charles A. Parker, M.D.; November 6, "Alcohol." *The Survey*, October 16, "Atlanta's Tuberculosis Dispensary for Negroes," Rosa Lowe; November 6, "Sanitation in the Philippines," Victor G. Heiser, M.D. *McClure's Magazine*, November, "The Daughters of the Poor," George Kibbe Turner; "Pellagra," Marion Hamilton Carter. *The Outlook*, November 13, "The New Philanthropy," by Alida Lattimore.